Pacific Hills Christian School

Student Medical Form

Please type or complete in **black pen** for one student only (this form is **NOT** for multiple students)

Surname / Family Name: ..... Christian Name: .....

Date of Birth: ..... / ..... / ..... School Year: .....

Medicare Number: ☐☐☐☐ ☐☐☐☐☐ ☐

Valid to: ..... / ..... Child Ref Number: ☐

Known Medical Conditions: .....

.....

Any Allergies? .....

Asthmatic: ☐Yes ☐No Date of last Tetanus booster: ..... / .....

Current Medication(s)? .....

PERMISSION TO SEEK MEDICAL ASSISTANCE:

I/We, _____ (parent/guardian 1) and _____ (parent/guardian 2)

consent to the school, in the best interests of _____ (student's full name) and as it considers necessary or expedient, to:

1. administer medical treatment by an authorised medical representative or first aid officer ☐Yes ☐No

2. call an ambulance in the event of a medical emergency: ☐Yes ☐No

3. administer Panadol ☐Yes ☐No Nurofen ☐Yes ☐No Claratyne ☐Yes ☐No
   or an equivalent, under the supervision of authorised school staff:

_____ _____

Parent / Guardian 1 – Date: ..... / ..... / ..... Parent / Guardian 2 – Date: ..... / ..... / .....

(BOTH Parents or Guardians to sign)

EMERGENCY CONTACT DETAILS:

Mother's Name: ..... Mobile Number: .....

E-mail: ..... Work Number: .....

Father's Name: ..... Mobile Number: .....

E-mail: ..... Work Number: .....

Emergency Contact: ..... Mobile Number: .....

Relationship to Student: .....

Any Special Issues? .....

All information provided in this form will be treated in strict confidence.
Please advise the School Nurse whenever there are ANY changes to this information.
All medication must be given to the School Nurse and will be administered by authorised staff.